

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS358AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/23/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>SAN VICENTE HOME CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>8460 RANCHO DESTINO RD LAS VEGAS, NV 89123</b>		
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Y 000	<p><b>Initial Comments</b></p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 06/23/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for 10 Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was ten. Ten resident files were reviewed and four employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of D.</p> <p>The following deficiencies were identified:</p>	Y 000	<p><i>7/16/09 accepted JDB</i></p>	
Y 103 SS=F	<p><b>449.200(1)(d) Personnel File - NAC 441A</b></p> <p><b>NAC 449.200</b> 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.</p> <p>This RULE: is not met as evidenced by: Based on record review on 6/23/09, the facility</p>	Y 103✓	<p><i>Y 103</i></p> <p><i>a) Employee #1 was in compliance TB test was done 12/01/08</i></p> <p><i>b) administrator will monitor employee records at the end of each month.</i></p> <p><i>#5 no longer wants to do volunteer</i></p> <p><i>c) 06/30/09</i></p> <p><i>attachment #1</i></p>	<p><b>RECEIVED</b> <b>JUL 07 2009</b> BUREAU OF LICENSURE AND CERTIFICATION LAS VEGAS, NEVADA</p> <p><i>AB</i></p> <p><i>7/16/09</i></p> <p><i>06/30/09</i></p>

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

*Visitation T. Dela Pena*

*Administrator / owner* *07/06/09*

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Y 103	Continued From Page 1  failed to ensure 2 of 5 caregivers complied with NAC 441A.375 regarding tuberculosis testing (Employee #1, and #5)  Severity: 2      Scope: 3	Y 103			
Y 105 SS=C	449.200(1)(f) Personnel File - Background Check  NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.  This RULE: is not met as evidenced by: Based on record review on 6/23/09, the facility failed to ensure 4 of 5 caregivers had background checks completed (Employee #1 state background, #3 fingerprints, #4 fingerprints and FBI background, and #5 fingerprints, state background and FBI background).  Severity: 1      Scope: 3	Y 105 ✓	Y 105 a) Repeat Fingerprinting was done for employee #1, 3 & 4 and was sent to Nevada Highway Patrol for FBI and state background check b) administrator will monitor employee records at the end of each month c) attachment # 2 a & b	7/16/09 06/30/09	
Y 172 SS=C	449.209(2) Health and Sanitation-Outside garbage  NAC 449.209 2. Containers used to store garbage outside of the facility must be kept reasonably clean and must be covered in such a manner that rodents are unable to get inside the containers. At least once each week, the containers must be emptied and the contents of the containers must be removed from the premises of the facility.	Y 172 ✓	Y 172 a) Garbage containers outside of the facility had been closed b) all staff of the facility was instructed to keep lid closed at all times Employee # 2 was assigned to monitor c) for compliance	7/16/09 06/23/09	

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\*Note: when Don and I returned to deliver  
the so the garbage can was  
covered. JB

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Y 172	Continued From Page 2  This RULE: is not met as evidenced by: Based on observation on 6/23/09, the facility failed to ensure the container used to store garbage outside the facility was covered.  Severity: 1 Scope: 3	Y 172		
Y 179 SS=C	449.209(6) Health and Sanitation-Screens  NAC 449.209 6. All windows that are capable of being opened in the facility and all doors that are left open to provide ventilation for the facility must be screened to prevent the entry of insects.  This RULE: is not met as evidenced by: Based on observation on 6/23/09, the facility failed to ensure the 10 of 10 windows were screened.  Severity: 1 Scope: 3	Y 179✓	Y 179 a) all windows that are capable of being opened were screened. b) administrator will ensure this rule will be met c) attachment # 3 Note: we counted 10 windows that could open. The screenmobile invoice states 8 screens were installed. Please double check all windows.	7/16/09 07/01/09
Y 320 SS=D	449.220(1) Bedroom Doors - Locks  NAC 449.220 1. A bedroom door in a residential facility which is equipped with a lock must open with a single motion from the inside unless the lock provides security for the facility and can be operated without a key or any special knowledge.  This RULE: is not met as evidenced by: Based on observation on 6/23/09, the facility	Y 320 ✓	Y 320 a) Bedroom #6 door lock was replaced with a lock that opens with a single motion lock that opens from inside without use of a key b) administrator will ensure all bathroom and toilet doors are in compliance c) attachment # 4	7/16/09 06/30/09

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Y 320	Continued From Page 3  failed to ensure single motion locks on 1 of 6 bedroom doors (Bedroom #6).  Severity: 2 Scope: 1	Y 320			
Y 356 SS=E	449.222(6) Bathrooms and Toilet Facilities  NAC 449.222 6. Bathroom doors that are equipped with locks must open with a single motion from the inside without the use of a key. If a key is required to open a lock from outside the bathroom, the key must be readily available at all times.  This RULE: is not met as evidenced by: Based on observation on 6/23/09, the facility failed to ensure single motion locks on 1 of 3 bathroom doors (Bathroom attached to Bedroom #1).  Severity: 2 Scope: 2	Y 356 ✓	Y 356 a) Bathrooms and Toilet door at BR #1 was replaced with a single motion lock that opens from inside without the use of a key. b) administrator will ensure compliance to the rule c) attachment # 4 06/30/09	7/10/09	
Y 445 SS=F	449.229(10) Exit doors  NAC 449.229 10. An exit door in a residential facility must not be equipped with a lock which requires a key to open it from the inside unless approved by the State Fire Marshall or his designee.  This RULE: is not met as evidenced by: Based on observation on 6/23/09, the facility failed to ensure the front and side doors were not equipped with a lock that required a key to open	Y 445 ✓	Y 445 a) Front and side exit doors lock were replaced with locks -that don't require a key to open from the inside b) administrator will ensure that this rule is enforced at all times. c) attachment # 4 06/30/09	7/10/09	

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Y 445	Continued From Page 4  it from the inside.  Severity: 2      Scope: 3	Y 445		
Y 528 SS=C	449.260(1)(c) Activities for Residents  NAC 449.260 1. The caregivers employed by a residential facility shall: (c) Plan recreational opportunities that are suited to the interests and capacities of the residents.  This RULE: is not met as evidenced by: Based on observation on 6/23/09, the facility failed to provide at least 10 hours of activities each week that were suitable to the interests and capacities of the residents.  Severity: 1      Scope: 3	Y 528 ✓	Y 528 a) New schedule of activities was developed to reflect at least 10 HRS of activities per week b) administrator will ensure that rule is met. c) attachment #5	7/16/09
Y 626 SS=F	449.2702(6)(b)(1,2,&3) Restraint Definition  NAC 449.2702 6. As used in this section: (b) "Restraint" means: (1) A psychopharmacologic drug that is used for discipline or convenience and is not required to treat medical symptoms; (2) A manual method for restricting a resident's freedom of movement or his normal access to his body; or (3) A device or material or equipment which is attached to or adjacent to a resident's body that	Y 626 ✓	Y 626 a) 2 beds were changed to half rails and rest of bed rails were removed. b) administrator will ensure compliance c) _____	7/21/09 07/06/10

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Y 626	Continued From Page 5  cannot be removed easily by the resident and restricts the resident's freedom of movement or his normal access to his body.  This RULE: is not met as evidenced by: Based on observation on 6/23/09, the facility failed to ensure full bed rails were not used for 6 of 10 beds.  Severity: 2 Scope: 3	Y 626			
Y 693 SS=D	449.2712(2) Oxygen-Caregiver monitor resident ability  NAC 449.2712 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician. (b) Ensure That: (1) The resident's physician evaluates periodically the condition of the resident which necessitates his use of oxygen; (2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored; (3) Persons do not smoke in those areas where smoking is prohibited; (4) All electrical equipment is inspected for defects which may cause sparks. (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; (6) The equipment used to administer oxygen	Y 693 ✓	a) Empty O <sub>2</sub> Tanks were returned to the company  b administrator and staff will ensure rule will be enforced at all times  c) —	JP 7/21/09  06/30/09	

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Y 693	Continued From Page 6  is in good working condition; (7) A portable unit for the administration of oxygen in the event of a power outage is present in the facility at all times when a resident who requires oxygen is present in the facility; and (8) The equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident.  This RULE: is not met as evidenced by: Based on observation on 6/23/09, the facility failed to secure 18 oxygen tanks, located in the back yard of the facility, were secured in a rack or to the wall.  Severity: 2    Scope: 1	Y 693		
Y 878 SS=D	449.2742(6)(a)(1) Medication / Change order  NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order.	Y 878 ✓	Y 878 a) Change of order received from MD's office dated 03/29/09 7/10/09 b) Notified residents family that whenever there is a new or change in medication order to give prescription to the facility CONT:	

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Y 878	Continued From Page 7  This RULE: is not met as evidenced by: Based on record review and interview on 6/23/09, the facility failed to ensure 1 of 10 residents received medications as prescribed (Resident #8).  Severity: 2 Scope: 1	Y 878	CONT: Y 878 b) and not direct it to the Pharmacy administrator will remind family each time they go for MD office visit.	
Y 885 SS=F	449.2742(9) Medication / Destruction  NAC 449.2742 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Flushing contents of vials, bottles or other containers into a toilet shall be deemed to be an acceptable method of destruction of medication.  This RULE: is not met as evidenced by: Based on observation and interview on 6/23/09, the facility failed to destroy medications after they were discontinued, had expired or after a resident had been transferred.  Severity: 2 Scope: 3	Y 885 ✓	c) attachment #6 06/25/09  Y 885 a) medications were given to assist care Pharmacy for destruction b) administrator will ensure that all medications will be destroyed in a timely and acceptable manner c) attachment #7 06/24/09	06/25/09 JB

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Y 898	Continued From Page 8	Y 898		
Y 898 SS=F	449.2744(1)(b)(4) Medication / MAR  NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician.  This RULE: is not met as evidenced by: Based on record review on 6/23/09, the facility failed to ensure the medication administration record (MAR) was accurate for 9 of 10 residents (Resident #1, #2, #3, #4, #5, #6, #7, #8, and #9).  Severity: 2      Scope: 3	Y 898 ✓	Y 898 a) MAR were signed appropriately b) administrator will make sure rule will be complied. c) _____	7/22/09 06/23/09
Y 899 SS=C	449.2744(2) Medication Administration  NAC 449.2744 2. The administrator of the facility shall keep a log of caregivers assigned to administer medications that indicates the shifts during which each caregiver was responsible for assisting in the administration of medication to a resident. This requirement may be met by including on a resident's medication sheet an indication of who assisted the resident in the administration of the medication, if the caregiver can be identified from this indication.	Y 899 ✓	Y 899 a) New form is made to reflect employee who is administering medication that day. b) administrator will ensure facility is in compliance to the rule c) attachment # 8 A & B	7/21/09 07/01/09

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Y 899	Continued From Page 9	Y 899			
Y 908 SS=C	<p>This RULE: is not met as evidenced by: Based on observation on 6/23/09, the facility failed to provide a log of caregivers and when they were responsible for administering residents medications.</p> <p>Severity: 1 Scope: 3</p> <p>449.2746(2)(a)-(f) PRN Medication Record</p> <p>NAC 449.2746 2. A caregiver who administers medication to a resident as needed shall record the following information concerning the administration of the medication: (a) The reason for the administration. (b) The date and time of the administration; (c) The dose administered; (d) The results of the administration of the medication; (e) The initials of the caregiver; and (f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician.</p> <p>This RULE: is not met as evidenced by: Based on record review on 6/23/09, the facility</p>	Y 908 ✓	<p>y 908</p> <p>a) secured previous orders year 2007 aprozolam 0.5mg at HS from resident #9 primary M.D. 7/16/09</p> <p>b) administrator will ensure PRN orders are documented properly</p> <p>c) attachment # 9 A &amp; 9 B</p> <p>Note: Administrator obtained a new order for the medication in question changing it from a PRN to a prescribed med.</p>	07/04/09	

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Y 908	Continued From Page 10  failed to ensure the medication record was complete for 1 of 1 residents receiving as needed (PRN) medications (Resident #9).  Severity: 1 Scope: 3	Y 908		
Y 920 SS=F	449.2748(1) Medication Storage  NAC 449.2748 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key.  This RULE: is not met as evidenced by: Based on observation on 6/23/09, the facility failed to keep medications for 6 of 10 residents in a locked area (Resident #1, #2, #3, #4, #9 and #10).	Y 920 ✓	<p>Y 920</p> <p>a) all medications including over the counter and diagnostic equipment now being locked.</p> <p>b) administrator will oversee compliance</p> <p>c) —————</p>	<p>7/16/09</p> <p>07/01/09</p>

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LAS VEGAS, NEVADA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS358AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/23/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>SAN VICENTE HOME CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>8460 RANCHO DESTINO RD LAS VEGAS, NV 89123</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 920	Continued From Page 11  Severity: 2      Scope: 3	Y 920		
Y 923 SS=F	449.2748(3)(b) Medication Container  NAC 449.2748 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (b) Kept in its original container until it is administered.   This RULE: is not met as evidenced by: Based on observation on 6/23/09, the facility failed to keep medications belonging to 10 of 10 residents in their original container (Resident #1, #2, #3, #4, #5, #6, #7, #8, #9 and #10).  Severity: 2      Scope: 3	Y 923 ✓	<p>Y 923</p> <p>a) all medications are now kept in the original containers until being administered</p> <p>b) administrator will be responsible for compliance</p> <p>c) —</p>	<p>7/16/09</p> <p>06/23/09</p>
Y 991 SS=F	449.2756(1)(b) Alzheimer's Fac door alarm  NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility.	Y 991 ✓	<p>Y 991</p> <p>a) alarms from family room and near BR #6 were repositioned directly where door opens and now functioning well</p>	<p>7/16/09</p>

CONT.

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If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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Y 991	Continued From Page 12  This RULE: is not met as evidenced by: Based on observation on 6/23/09, the facility failed to ensure the facility was equipped with door alarms on all exit doors to the facility. The exit from the family room, and the exit near bedroom #6 failed to sound when opened.  Severity: 2      Scope: 3	Y 991	CONT: Y 991 b) all staff will monitor for compliance to the rule and report if there is malfunction	
Y 994 SS=F	449.2756(1)(e) Alzheimer's fac knives  NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents.  This RULE: is not met as evidenced by: Based on observation on 6/23/09, the facility failed to ensure knives, matches, scissors, and screw drivers were inaccessible to the residents.  Severity: 2      Scope: 3	Y 994 ✓	c) _____	06/23/09
Y 999 SS=F	449.2754(1)(g) Alzheimer's Facility  NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that:	Y 999	Y 994 a) all items that could constitute a danger to the resident are now locked. Knives matches, firearms scissors and screw drivers are are inaccessible to the residents b) Rule will be reinforced by the administrator. c) _____	7/10/09 06/23/09

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If continuation sheet 13 of 14

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Y 999	Continued From Page 13  (g) All toxic substances are not accessible to the residents of the facility.  This RULE: is not met as evidenced by: Based on observation on 6/23/09, the facility failed to ensure all toxic substances were inaccessible to the residents. In Bedroom #6 chloracetic was found in the nightstand, Bedroom #4 neosporin was found in the dresser, Bedroom #2 contained an electric razor in the closet, the backyard shed was unsecured containing paint, lighter fluid, and tools.  Severity: 2      Scope: 3	Y 999 ✓	<p>y 999</p> <p>a) Neosporin ointment, chloracetic spray and Electric Razor are now locked and inaccessible to the residents. Backyard shed now locked.</p> <p>b) Family are advised to bring attention to the facility any toxic substances that might be harmful for proper storage like the neosporin. administrator will be responsible for compliance</p> <p>c) _____</p> <p>7/14/09</p> <p>06/23/09</p>		

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